

Panic disorder: causes and treatment



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People that are diagnosed with panic disorder are those that experience spontaneous panic attacks and are fearful of a recurring attack (Panic Disorder and Agoraphobia). A panic attack is a relatively short timeframe of high fear or discomfort, which is characterized by shortness of breath, dizziness, rapid heart rate, shaking, sweating, choking, and other concerning symptoms physically; these can last from minutes to hours (Rathus). People having a panic attack might believe that they are going crazy or dying (Rathus). Many people do not have the knowledge about the realness of their disorder or its treatments; some are too afraid or embarrassed to tell someone, even though they could be helpful or supportive but the inflicted shut them out and distance themselves (Panic Disorder and Agoraphobia).

There are a variety of risk factors that are correlated with panic disorder. Temperament is a well-recognized risk factor for the disorder; those with a history of having anxiety and fear can be at a greater risk of the development of panic disorder (American Psychiatric Association).

Environmental risk factors are also commonly recurrent, as those who have experienced sexual or physical abuse within childhood gain a better chance at obtaining panic disorder (American Psychiatric Association). Although there is no specific gene related to panic disorder, individuals can be delicate to panic based on multiple genes (American Psychiatric Association). People that have parents who suffered from depression, anxiety or bipolar disorder also acquire an enhancement of developing panic disorder (American Psychiatric Association).

For most people who have panic disorder, attacks that they receive have no apparent cause, but many of those that suffer from panic disorder also suffer from agoraphobia (Rathus). Agoraphobia is the fear of being in places or situations where escape could prove difficult or simply impossible (Rathus). People with this phobia might be scared of populous places in public, such as buses and malls and this phobia is common among adults (Rathus). According to the DSM-IV, people with one or both disorders create about 50 to 80 percent of the phobic individuals in clinical practice (Rathus). Most people with agoraphobia have panic attacks when they are unable to avoid situations that they fear (Rathus). Panic disorder and agoraphobia both can lead to avoidance behaviors (Rathus).

There are two different types of panic attacks: expected panic attacks and unexpected panic attacks (Star). Expected panic attacks are anticipated when one is able to acknowledge specific clues or triggers to the panic (Star). For example, someone who has a fear of heights will be triggered when going up to a high exposed place, such as a roof. Unexpected panic attacks occur suddenly without any obvious reason (Star). This type of panic attack does not include any internal or external provokers and having one of these attacks means that more of them are likely to come at other points in the future (Star). Having nocturnal panic attacks, like in the sleep, are unexpected and show signs of anxiety (Star).

In a case study, a 27-year old by the name of Katie Smith entered the emergency room after experiencing severe chest pain along with difficulty breathing, and numbness in her arm (Case study of panic disorder in an adult female). She told the physician that she was walking her dog and she

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began to sweat, but it confused her because it was not hot outside (Case study of panic disorder in an adult female). She went on to ask if it was a heart attack or craziness and that even though the situation in actuality did not last long, it felt super long to her and she thought that she was going to die (Case study of panic disorder in an adult female). It was determined that she did not have a heart attack, but she most likely had a panic attack, so she was referred to a clinical psychologist. After four weeks, Katie met with the psychologist and reported that she had over two-dozen panic attacks with the same type of symptoms since she had gone to the emergency room (Case study of panic disorder in an adult female). Katie was given a monitor for her panic disorder, so that she can see when her rates are high and when they turn back to normal; Katie now is able to restore her heart rate to normal quickly and no longer experiences panic attacks (Case study of panic disorder in an adult female). This case study is an example of an unexpected panic attack and how one panic attack will most likely lead to more in the future.

Panic disorder typically sets in during the late adolescent stage or early adulthood (Star, Panic Disorder in Adolescence). Even though panic disorder usually begins between the ages of 15 and 35, there is a possibility that the disorder can develop during childhood or early adolescence (Star, Panic Disorder in Adolescence). The symptoms that teenagers have for panic disorder are quite similar to experiences of adults; for both the main symptom: panic attacks are present and they are recurring (Star, Panic Disorder in Adolescence). Panic attacks can vary in several categories including, symptoms, duration, and intensity, but for a teenager, panic

attacks can continue to affect them long after they subside (Star, Panic Disorder in Adolescence). These after effects include the heightening of nervousness and having anxiety hours after the attack has passed (Star, Panic Disorder in Adolescence). Just like adults, a panic attack can lead to avoidance behaviors for teenagers due to how frightening of an experience that they went through. Although it is more likely to develop in adulthood, agoraphobia can occur during adolescence (Star, Panic Disorder in Adolescence).

Teenagers with agoraphobia will often have their fears experienced in cluster of relatable avoidances (Star, Panic Disorder in Adolescence). A teen who suffers from agoraphobia may fear crowds, large groups, or transportation while others may only feel safe a small measurement and radius from their home (Star, Panic Disorder in Adolescence). Avoidance can become so bad that just leaving the house can cause an extreme amount of anxiety, and then the teenager really catches the agoraphobia.

There needs to be treatment for the panic attacks and agoraphobia. If panic disorder is left untreated, a teenager's life can take a negative turn and will likely lead to problems involving school, relationships, and self-esteem (Star, Panic Disorder in Adolescence). A doctor or a qualified professional can diagnose a teen with panic disorder and determines what to do from there regarding medical causes for the panic attacks (Star, Panic Disorder in Adolescence). Common treatment options include psychotherapy, medications, and self-help strategies; a combination of these treatment options will often be the best for treatment outcomes along with following treatment recommendations (Star, Panic Disorder in Adolescence). A way of <https://assignbuster.com/panic-disorder-causes-and-treatment/>

coping with those that also have agoraphobia in addition to panic disorder is by gradually exposing the teenager to the avoided and feared situations (Star, Panic Disorder in Adolescence). In order to be on the road to recovery when it comes to panic disorder, one must find self-esteem (Fox). If there is little attention paid towards the declining self-esteem, that leads to the ability to be vulnerable to future attacks and incidents (Fox).

In a case study during the year of 1998, a woman named Jane had panic disorder before it was well-known among practitioners (Hamshar). Jane was the youngest of seven children and she was shy as well as being closely attached to her mother (Hamshar). Her anxiety was raised due to her parents constantly arguing due to her father's heavy drinking (Hamshar). At the age of 26, her panic attacks began and every night she worried every night about panic attacks, she lost her appetite, which led to her becoming underweight to a large extent (Hamshar). During a ten- year period, Jane visited over 200 different doctors, and was misdiagnosed leading to unnecessary and harsh treatments. She had her tonsil removed, her teeth pulled, and was given many upon many unsuccessful medications (Hamshar). Jane thought she had cancer and that she was dying, even though doctors continuously told her that she was in good form and health (Hamshar). When her husband died and she was busy raising her children and working, her panic attacks ceased to exist, but when she remarried 5 years later, her new husband began to drink which brought back Jane's early age anxiety (Hamshar).

Panic disorder can be expected or unexpected, but no matter what it needs to be cared for and receive treatment. There is risk of becoming socially

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distant and hurting self-esteem if there is nothing done about the panic disorder. Due to panic disorder being able to be diagnosed in several stages throughout one's life, it must be addressed in some fashion if there are related symptoms shown. The case studies show the symptoms of panic disorder and just how severe it can be on oneself, so it is important that medical treatment is sought out.

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